

*of the authors Concepts*

OBSERVATIONS  
ON CERTAIN  
DROPSICAL AFFECTIONS  
WHICH ARE  
SUCCESSFULLY TREATED BY  
BLOOD-LETTING.

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PERHAPS we have been too much in the habit of considering dropsy as a disease of debility. This opinion seems to have had its origin in the doctrines of the humoral pathology, according to which, dropsical diseases were supposed to be preceded by a morbid tenuity, and accompanied by a morbid viscosity of the blood. The effect of the morbid tenuity was believed to be, that the thinner parts of the blood escaped through the smaller vessels into the various cavities of the body, leaving in the blood-vessels a fluid of morbid viscosity or tenacity, and so much diminished in quantity, as to be wholly ina-

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dequate to the wants of a healthy body. The smallest evacuation of blood was contemplated with terror in both these conditions; in the former, by its supposed effect in increasing the tenuity; and, in the latter, by diminishing the quantity of blood, already too small for the purposes of life. The humoral pathology has long since given place to a new series of hypothetical doctrines, equally satisfactory to their inventors, as that was to the venerable names with which it is associated; but I am doubtful whether it has not continued, in some degree, to influence our practice, particularly in a dread of blood-letting in dropsical disorders, even when symptoms exist, which, under other circumstances, would be considered as requiring that evacuation.

Some of the older writers had observed cases of dropsy, in which blood-letting was both admissible and useful. Paulus Ægineta recommends it in those dropsical affections which arise from suppression of the hæmorrhoidal or menstrual discharge. Alexander Trallianus treats of certain cases of anasarca, which he supposed to arise from a superfluity of "cold blood," and in which blood-letting is useful, "by relieving nature of a load;" and Hildanus relates the case of a young man, who was cured of great and general anasarca, by a hæmorrhage from the nose to the amount of four pounds.

In modern times, the subject has excited the attention of some German writers, who treat of a modification of dropsy, which they have named hydrops plethoricus.\* In this disease, according to the writers alluded to, much relief has been experienced from copious hæmorrhage by the nose, and the most successful treatment has been found to be upon the antiphlogistic plan, by repeated small bleedings, and purging with neutral salts. Dr Blackall, also, has thrown considerable light upon this subject; and has successfully combated the opinion of a watery state of the blood, by shewing, that, in many dropsical affections, the blood is buffy, and that albumen is discharged by the urine in great quantity.

I by no means intend to maintain, that dropsy is never a disease of debility, but that it is not necessarily so. It very often exists in connection with a feeble, relaxed, and exhausted state of body; but it may also exist in a state of the body directly the reverse of exhaustion, and even in immediate connection with symptoms of an inflammatory nature. This I think will

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\* Grapengiesser de Hydropse plethorico; Engelhard in *Museum der Heilkunde*, IV. B. p. 95. Mayer Samml. med. Beobachtungen, p. 505.

be admitted, if we take a short review of the principal circumstances under which dropsical effusion takes place in the cellular membrane, or the great cavities.

1. Dropsical symptoms frequently appear in an exhausted and debilitated state of the body; as after great loss of blood, in the advanced stages of phthisis; at the conclusion of tedious fevers; and in persons worn out by bad air, and improper nourishment.

2. Dropsical effusion often appears as the immediate consequence of inflammatory action. I believe it is now generally admitted, that hydrocephalus acutus is of this nature; and we also find copious effusion of serous fluid in the cavity of the pleura after inflammation of the lungs, and in the abdomen after inflammation of the bowels or the peritonæum.

3. Circumstances which impede the return of the venous blood towards the heart, seem to be among the most common causes of dropsical effusion. A limb which has been too tightly bandaged becomes œdematous below the seat of the pressure; a tumour in the axilla produces œdema of the arm; an enlarged ovarium produces œdema of one leg and thigh, and, as it increases in size, affects the other in the same manner; the gravid uterus produces the same effect; an enlarged and hardened liver, compressing the vena cava, occasions dropsy of the abdomen and lower extremities; and various diseases of the lungs, and of the heart, impeding the transmission of the blood through these organs, are familiar to us as causes of general dropsy. Now, even in the most vigorous and plethoric state of the body, a tightly bandaged limb will become œdematous; in the same condition, an enlarged ovarium may produce a similar affection; and, in the same state of the system, may not the heart or lungs become diseased in such a manner, as, by the interrupted circulation, to induce dropsical effusion? In many cases of this nature, might not a diminution of the quantity of blood, by facilitating the transmission, diminish the tendency to effusion? And if the disease of the heart or the lungs were of a temporary nature, and itself capable of being removed by blood-letting, would not this evacuation be, not only a safe, but an indispensable part of the treatment? Such appears to be the nature of the dropsical affection on which I am to offer some observations; and, without entering farther into theoretical discussion, I shall proceed to describe the disease as it has frequently occurred to me in practice.

The disease comes on suddenly, and generally affects persons in the vigour of life. It is usually ascribed to sudden exposure to cold, especially after the body has been previously over-heat-



ed. The first symptom is an oppression and uneasiness in breathing ; and in a short time, frequently in a few hours, or in the course of the same day, this is followed by the dropsical swelling. The affection of the breathing varies considerably in different cases. In some cases, there is only a feeling of oppression and tightness in breathing, without pain or cough ; in others, the breathing is quick, short, and frequent ; in some, there is pain, increased by a full inspiration, with sharp painful cough ; and, in others, there is great oppression of breathing, preventing the patient from lying, except in one particular posture, or even preventing him from lying down at all. The pulse is, in some cases, a little frequent, but, in others, it is not above the natural standard. It is sometimes of good strength, but frequently rather weak, and in some cases irregular. The anasarca swelling is commonly observed first in the face ; from this it extends downwards upon the trunk of the body, and then to the extremities. This progress was in one case so remarkable, that even at night, after the patient had been sitting up through the whole day, he was affected with a great degree of anasarca, down to the middle of the legs, while the feet and ankles were free from it ; next day, the feet and ankles were affected also. This peculiarity, however, does not occur universally, for, in some cases, the swelling is first observed in the legs, but, in general, the face is affected at a very early period. The urine is scanty, and high-coloured ; in some cases it is coagulable, but, in others, there is no trace of albumen. If the disease be now allowed to go on, the swelling increases, and the breathing becomes more and more oppressed ; it may be fatal in a few days, or it may be drawn out to several weeks.

*Treatment.*—The most decided benefit is experienced from early and free blood-letting ; and, in a recent case, it is to be repeated till the pulmonary symptoms are relieved. This effect I have generally observed from one or two full bleedings ; and it is to be kept in mind, that, in such cases, the strength of the pulse is a very uncertain guide ; for, when the transmission of blood through the lungs is much impeded, we frequently find that the pulse is small, and even irregular, and that it improves in strength, and becomes regular, after copious blood-letting. When the pulmonary affection is removed, the dropsical swelling often disappears, without the use of any remedy ; and if the case has been recent, and treated with decision, this happens so rapidly, that, on the second day of the treatment, the swelling may be gone. In these cases, the urine, which was scanty and high-coloured, becomes copious, and of a natural colour, almost immediately after the pulmonary affection

is removed. If the disease has been of longer standing, the progress may be slower and less favourable; and, even after the pulmonary affection has been entirely removed, a course of diuretics may be required for carrying off the swelling.

These different states of the disease will be illustrated by the following examples:—

CASE I.—Mrs A. aged about 40. 28th November 1815. Was affected with cough; oppression of the chest; a feeling of tightness in breathing; and considerable pain under the sternum, which was increased by the cough, and by a full inspiration. There was general anasarca, which was first observed in the face, but was most considerable on the limbs. Pulse of natural frequency, and good strength. Had been ill about a week. Urine scanty, and not coagulable.

Was bled to  $\frac{3}{4}$ xx. To take diluted sulphuric acid, and liquorice lozenges.

29.—The breathing was easier, but not quite relieved; swelling diminished.

Was bled again to  $\frac{3}{4}$ xv.

30.—Breathing quite relieved; anasarca gone; urine copious.

Dec. 6.—Continued free from complaint.

CASE II.—Mr H. aged 26. 5th June 1817. Was affected with general anasarca, which was very considerable on his legs and thighs, and in a smaller degree on his body and face; his voice was tremulous and anxious; his breathing was quicker than natural; and he felt a degree of tightness and oppression in breathing, but without pain and without cough; pulse a little frequent, and rather small; urine scanty, and high-coloured, and not coagulable. He first felt his breathing uneasy on the morning of the 2d; in the course of that day he observed the swelling in his legs, and a little in his face; it had been increasing every day, and extending higher up.

Was bled to  $\frac{3}{4}$ xvi. To use diluted sulphuric acid.

6.—Breathing quite relieved; swelling gone; urine still thick and scanty; pulse 76; blood not buffy.

7.—Free from complaint; urine copious, and of a natural appearance.

9. Continued well, and resumed his usual employment.

CASE III.—Peter M<sup>c</sup>Phail, a printer, aged 46, (3d December 1817,) was affected with a great degree of anasarca, which had been first observed in his face; it was most considerable on the

trunk of the body, less on the thighs and legs, and there was none on the ankles and feet, though it was then night, and he had been sitting up through the whole day. He had great tightness and pain of his chest, increased by a full inspiration; his breathing was much oppressed; in the horizontal posture it was extremely distressing, and he could only lie on the right side. The pulse was quite natural; the urine scanty and coagulable. He had been ill four days, and was attacked after sudden exposure to cold after being overheated.

Was bled to  $\bar{z}$ xx.

4.—Breathing much relieved; could lie in any posture without uneasiness; swelling had extended to the feet and ankles; urine about  $\bar{z}$ vi. in 24 hours.

5.—Breathing easy; urine rather increased; swelling as before. To take the usual diuretics; squill; tincture of digitalis, with nitrous ether.

6.—Slight oppression of the breathing; pulse 70; urine increased; swelling gone from the face; no abatement of it in other parts.

Was bled to  $\bar{z}$ xii.; diuretics continued.

7.—Breathing quite relieved; blood had a firm coagulum and a buffy coat; urine increased; swelling diminished.

9.—Little change; urine lb. ij. and coagulable. The coagulum separated by expression through a linen cloth, and, made as dry as it could be made by such expression, weighed 22 drams. The watery part which remained had all the qualities of healthy urine. When it was evaporated to the consistence of a syrup, and nitrous acid added, urea was deposited in abundance.

13.—Swelling as before; breathing quite easy; pulse 60. The doses of the diuretics were increased, and a mercurial pill given twice a-day.

15.—Swelling diminished; urine lb. iij. and coagulable. The coagulum from lb. ij. separated as before, weighed  $\bar{z}$ x.

24.—Urine lb. iv.; swelling abating.

30.—Urine about lb. v.; coagulum from the whole  $\bar{z}$ ix.; swelling much diminished; all the functions natural.

Jan. 4th.—Urine from x. to xii. lb. Swelling nearly gone.

8th.—Urine lb. viiss.; coagulum from the whole  $\bar{z}$ ij. Swelling gone, except a little about the ankles at night.

29th.—Free from complaint, and much improved in flesh and strength. Urine still coagulable.

From this time he continued to improve, and soon returned to his usual employment. But it was several weeks before his urine was free from coagulable matter.



For the following case I am indebted to a friend, a practitioner of eminence.

CASE IV.—A woman, aged 28, (6th July 1814,) was affected with anasarca of the whole body, severe cough and difficulty of breathing, amounting to orthopnœa; expectoration copious, and tinged with blood; pulse 130, small and irregular, but was counted with difficulty, owing to the œdema of the wrist; thirst; loaded tongue; urine scanty and high-coloured; sleep much disturbed by starting and dyspnœa. The pulmonary affection had begun about eight days before. On the evening of the same day she first observed her feet and legs to be swelled. *Sal. W.*

7th.—A blister was applied to the breast without relief.

8th.—Was bled to  $\frac{3}{4}$ vii. and diuretics given.

9th.—Breathing less oppressed; œdema diminished in the face; pulse 104, small, but regular.

Was bled to  $\frac{3}{4}$ vij.; diuretics continued, with the addition of a little mercury.

10th.—Dyspnœa and œdema diminished; pulse 96; urine lb. iv.

11th.—All the symptoms increased.

Was bled to  $\frac{3}{4}$ xiv.

12th.—Much relieved in every respect; blood a little buffy in the last cup.

14th.—Continued to improve.

19th.—Free from complaint.

CASE V.—Was under the care of my friend, Mr Clark. Veitch, a porter, a very stout man, aged 35, (15th October 1817,) was affected with extensive anasarca of the lower extremities and of the genitals; he had cough, and a great degree of dyspnœa, which was most severe in the horizontal posture; he could not lie on his left side; he lay with greatest ease on his back; sleep much disturbed by starting and breathlessness; pulse 72, and not strong. He ascribed his complaint to exposure to cold on the 9th, by standing in the open air, without his coat, after being overheated, and in profuse perspiration. Next morning he felt his breathing uneasy; the swelling was first observed on the 11th. On the 14th he had bleeding from the nose, which recurred several times.

He was bled to  $\frac{3}{4}$ xxiv. and was ordered a purgative of jalap and calomel.

By this bleeding his breathing was immediately and completely relieved; he could lie in any posture, and there was no

return of dyspnœa. On the following day the swelling was considerably diminished. He then took some diuretics, with occasional purgatives; the remainder of the anasarca subsided gradually, and was gone in eight or ten days.

In regard to these cases, I have only to add one important circumstance. The persons who were the subjects of cases 1st, 2d, 3d, and 5th, have continued free from the slightest return of the disorder to this time, (27th February 1818.) I am not acquainted with the subsequent history of case 4th.

Let these examples be now compared with the following cases:

I.—A woman, aged 20, was affected with frequent small pulse, cough, and thirst; there was anasarca of the legs, which increased rapidly, and affected the hands, the arms, and the face. She complained of a sense of heat in the left side of the thorax, tightness of the præcordia, and difficulty of breathing, which increased rapidly, and she died in a few days.

On dissection, the lungs were found hardened, and appeared as if they had been affected with inflammation. There was copious effusion in the thorax, and a little in the abdomen. The spleen was larger than natural.\*

II.—A woman, aged 26, was seized, after perturbation of mind, with swelling of the whole body; difficult and laborious breathing; great sense of weight in the thorax; and great thirst. The difficult breathing increased rapidly, and was fatal. On dissection, the lungs were found hard and red, and covered with various black spots. There was much water in the thorax, and a little in the abdomen. The liver was much enlarged, and the ovaria were indurated.†

III.—A woman, aged 25, who was convalescent from fever, and who was also affected with itch, was suddenly attacked with universal dropsy. It was to such a degree in her face, that her features could not be recognised. Here pulse was 130, and weak; her breathing was quick and oppressed; and, after two days, the difficulty amounted to orthopnœa. The cutaneous disease disappeared. She took purgatives and diuretics with temporary relief; but the symptoms returned, and she died about a fortnight after the first appearance of the anasarca. On

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\* Morgagni de Causis et Sedibus Morborum. Ep. xvi. § 2.

† Morgagni, (ibid.) § 4.



*dissection*, much fluid was found in the cavities of the pleura, pericardium, and peritonæum. The right lung was unusually dense in its structure, and adhered to the pleura-costalis; the left was inflamed on its surface. There was also an appearance of inflammation on the peritonæum. The liver, spleen, and pancreas, were enlarged and soft.\*

I think it unnecessary to detail more examples. The facts which have been related, appear to authorize the following conclusions :

1. That the primary disease is an affection of the lungs, probably of an inflammatory nature.
2. That this affection, by impeding the circulation through the lungs, gives rise to the dropsical effusion.
3. That the affection of the lungs may be removed by blood-letting.
4. That the cause being thus removed, the dropsical effusion will, in many cases, disappear spontaneously, and almost immediately ; in others, it will require to be removed by the ordinary diuretics.

A very important circumstance in the history of this disease is, that the affection of breathing may exist without pain and without fever. In such a case, from its combination with the anasarca, there may be danger of ascribing it to effusion in the thorax. The diagnosis perhaps is difficult, but I think it forms a very important subject for investigation, whether affections of the breathing are not sometimes ascribed to sudden effusion in the thorax, which would admit of being treated by blood-letting.

In the cure of this disease it will be evident, that the treatment by blood-letting can only be adopted with success at a very early period of the attack. If the disease be allowed to gain ground, mischief will speedily be done to the lungs, which will be irremediable ; for if the indurated state of that organ has taken place, it is extremely doubtful whether any treatment can remove it. If the induration be extensive, it must be speedily fatal, as in a common case of peripneumonia ; if less extensive, it will be the source of difficult breathing, aggravated by slight causes, and of successive attacks of dropsical effusion, which, though repeatedly carried off by diuretics, will regularly return after certain intervals, and at last be fatal.

The dropsical swelling which follows scarlatina, is generally a slight and transient affection, yielding readily to purgatives and diuretics. More violent cases of it, however, occur, which

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\* Dr Percival in Dublin Hospital Reports, Vol. I. p. 255.

resist this mode of treatment, become rapidly worse, with difficult breathing, and in a short time are fatal. Without attempting at present any general conclusions in regard to the nature of this affection, I submit the following cases:

CASE I.—J. Nelson, a child aged two years and a half, about eight or ten days after he had recovered from a mild attack of scarlatina, was observed to be anasarcous in the face; the swelling increased, and extended over other parts of his body; and, at a very early period of the complaint, his breathing was observed to be oppressed. The pulse was frequent and rather small; the urine very scanty. The swelling increased; the breathing became more and more difficult; all the usual remedies were employed without benefit; and the child died about the 10th day from the first appearance of the anasarca. *On dissection* considerable effusion was found in both cavities of the thorax, and a little in the abdomen. The lungs were dark-coloured and remarkably indurated, so as to resemble the structure of liver. This was most remarkable in the right lobe, pieces cut from which readily sunk in water.

CASE II.—A boy aged 5 years, who had recently recovered from a smart attack of scarlatina, was first observed to be anasarcous in the face about the 10th of June 1817. The swelling increased rapidly, and extended downwards on the body. The usual diuretics were given; his bowels were spontaneously so loose, as to leave no room for purging; urine very scanty and not coagulable. From a very early period of this affection, his breathing was observed to be oppressed; this was most remarkable during the night, which was passed with much moaning and restlessness. The swelling increased, and the uneasiness in breathing increased along with it, the latter becoming quick, short, and oppressed. There was no cough, and he complained of no pain. On the 15th, every symptom continued to increase; his breathing was from 44 to 46 in the minute, short and oppressed. The swelling had increased so much in his face, that his eyes were nearly shut; it was so great on his body that his clothes would not button; it was very considerable on the thighs and legs, but the feet and ankles were free from it, though he was sitting up. The pulse was 90 and of good strength; urine very scanty, the diuretics having produced no effect.

I now bled him from the arm to  $\bar{\text{z}}\text{iv}$ . and continued the diuretics, the dose of them being a little increased.

16.—His breathing was much relieved immediately after the

bleeding ; it was still rather more frequent than natural, but soft and without oppression. Urine increased.

17.—A good night ; pulse and breathing natural ; swelling much diminished ; unmanageable from playfulness. Urine copious.

19.—Swelling gone, except a little on the legs ; pulse and breathing natural.

21.—Free from complaint.

These two cases bear a remarkable analogy to the disease which forms the subject of this paper, and, though they do not warrant any general conclusions, they seem to present a very interesting subject for farther investigation. It was long ago taught by Buiserius, that the dropsy, which follows scarlatina, has often an inflammatory origin. He divides the complaint into two species, which he calls “*calidus*,” and “*frigidus*.” The latter, he says, is a disease of debility, and is accompanied by a weak languid pulse, without fever. The former is attended by heat of the surface, strong frequent pulse, thirst, and difficult breathing. This important distinction (he adds) was first made by the physicians of Florence, about the year 1717, who found on dissection that this acute, or calid dropsy, was combined with extensive internal inflammation, chiefly of the lungs, pleura, diaphragm, kidneys, and intestines. Hence they concluded that this inflammation was the primary disease, and treated it by blood-letting. All that were treated upon this plan recovered ; the cases that were treated by diuretics were speedily fatal.\*

The disease which I have endeavoured to describe in this paper, seems to be distinctly defined. It is characterized by the sudden appearance of dropsy in a person who was previously in good health, accompanied by a recent oppression or uneasiness in breathing. Some cases of it bear a considerable resemblance to hydrothorax ; and I see no objection to the supposition, that effusion in the thorax may really exist. Such effusion is met with in the fatal cases ; and I think we may reasonably conjecture that it may exist in some of the favourable examples, and may be absorbed after the cause is removed, in the same manner as we see it absorbed from the cellular membrane. It would be an inaccuracy in language to talk of such cases, as

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\* Burserii, *Institutiones Medicinæ Practicæ*, Vol. II. p. 81.

See also a paper by Dr Wells, in the *Transactions of a Society for the Improvement of Medical and Surgical Knowledge*. Vol. III. p. 167.



examples of hydrothorax cured by blood-letting. The blood-letting, I have endeavoured to shew, removes an affection of the lungs which is the cause of the effusion. The cause being thus removed, farther effusion ceases, and the fluid already effused disappears by absorption. I have some reason to believe, that there are cases of ascites connected in the same manner with active disease in the liver, in which blood-letting may be used with advantage. Of this, however, I cannot at present produce a satisfactory example.

Our pathology of dropsy is obscure and unsatisfactory; and on this account our practice is in many cases deficient in precision, and consequently in activity. Perhaps it is in general too much directed merely to removing the effused fluid, without sufficient attention to the cause of that effusion. In many of these affections, indeed, the causes are sufficiently apparent, and obviously beyond the reach of practice. To this class belong all those dropsical affections which are connected with organic diseases of the heart, indurations of the lungs, enlargements and indurations of the liver, spleen, ovaria, &c. These cases in general admit only of palliative treatment, by evacuating the fluid from time to time by diuretics and mercury,—by drastic purgatives, or by the operation of tapping. In a few of these, however, it is probable that more active practice might be employed, with considerable, though temporary, benefit. I allude to the organic diseases of the heart. In many cases of this kind, the system is, in other respects, sound and vigorous. The dropsical symptoms are evidently connected with the impeded transmission of blood; and I think it probable, that, in many of them, blood-letting might be employed with considerable relief, and that, instead of increasing, it might diminish the tendency to dropsical effusion.

I do not decide whether the following case was of this nature, but it was probably connected with some fixed disease in the thorax, and does not promise a permanent cure. Blood-letting, however, was employed with evident benefit in alleviating the symptoms, which were very urgent.

THOMAS MACLAREN, a glass-blower, aged 48, was a patient in the clinical ward, under the able management of my friend Dr Duncan junior, (10th January 1818.) He was affected with anasarca of the whole body, which was greatest on the lower extremities and the scrotum; cough and severe dyspnoea. His breathing was quick and short, with a rattling sound, a severe sense of tightness and oppression of the præcordia and some pain, which were increased by a full inspiration and by pressure on the epigastrium. The pulsation of the heart was felt as low

as the ensiform cartilage, even when he was laid on his back. His face was bloated and turgid; his pulse 100 and small; he could only sleep in a semi-erect posture, and often awoke in a fright; urine scanty and turbid. The complaint was of six months' standing; the symptoms had been increasing gradually.

12th.—Was bled to  $\frac{3}{4}$ xii. and began to take diuretics and mercury.

13th.—Much relieved; pulse 88, moderately full and regular.

16th.—Improved rapidly; urine lb.vi.

From this time he improved daily, and was dismissed on the 26th. At that time he was free from anasarca, his countenance was healthy, his breathing free and natural, and he could lie in any posture without uneasiness; his pulse was 92 and regular. Several weeks after Dr Duncan heard that he continued well.

The modifications of dropsy in which the pathology is most obscure and most difficult, are those which are not accompanied by disease in any of the viscera. These have, in general, been classed indiscriminately among the cachectic diseases, and have been referred to a debilitated state of the system. The accuracy of this conclusion, however, is very much to be doubted. Various systematic writers have treated of a modification of dropsy connected with a loaded or plethoric state of the blood-vessels, in which, according to their doctrine, effusion takes place in consequence of the increase of "lateral pressure."\* Whatever importance we may attach to this hypothesis, I suspect the distinction is worthy of some attention in practice. Sauvages relates the case of a young woman, who became suddenly dropsical over the whole body a few days before the menstrual period; when the menstrual discharge took place, the dropsical swelling disappeared. The swelling returned at the same time, and disappeared in the same manner, for several successive periods, till at length, by a course of treatment which he describes, it was prevented from taking place.† Hoffman describes the case of a woman, 30 years of age, previously strong and healthy, in whom the menstrual discharge was in general remarkably copious. Having suffered from a fright immediately before the menstrual period, the discharge did not take place, and she was seized with languor, loss of appetite, and dropsical swelling, to such a degree, that the integuments on the feet burst, and discharged serum in great quantity. The menstrual discharge

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\* Sauvages, *Anasarca metastatica*—*Hydrops calidus*.—Bacher, *Hydropsie par plethore et tension*.—Frank, *Hydrops acutus*.—Stoll, *Hydrops plethoricus*.

† Sauvages, *Nosologia Methodica*, Vol. II. p. 471.

having taken place at the next period, all these complaints were removed. \* Similar symptoms are described in connection with suppression of the hæmorrhoidal discharge, after it has become habitual, as in the case of the Emperor Trajan, which is related by Diocassus. Dr Cheyne mentions a man, aged 67, who had been, for several years, very liable to dyspnœa and anasarca swelling of the legs. He was seized with apoplexy, and was saved by copious and repeated blood-letting. "His constitution rallied after his illness," says Dr Cheyne; "the swelling of his legs subsided, and they have continued fine ever since." †

These cases certainly indicate a state of the system very different from that which we understand by the term cachexia. Such affections, I believe, are usually treated upon the plan of merely evacuating the effused fluid. It forms an interesting subject of investigation, whether they would not admit of more active treatment.

To this class of dropsical diseases is perhaps to be referred a dropsical affection of a dangerous and insidious character, which attacks women about the time of the cessation of the menses, and often affects those who were previously remarkable for health and vigour of constitution. It may begin as the period of cessation draws near, but its progress is more rapid after that change has taken place. The disease begins with nausea and oppression of the stomach, especially after meals. The appetite is in general not bad, but it is variable and capricious. The pulse is natural, and of good strength. There is, from an early period of the disease, anasarca of the legs, at first slight, but gradually increasing, and extending upwards on the thighs and the trunk of the body. The patient who, perhaps a short time before, was remarkable for activity, becomes sallow, listless, and inactive. As the disease advances, effusion takes place in the abdomen, and there is a considerable decay of flesh and strength. Sometimes there is difficulty of breathing, with symptoms of effusion in the thorax. The complaint may go on for several months. Diuretics, purgatives, and tonics, may palliate particular symptoms, and retard its progress, but it frequently baffles every mode of treatment. It is apt to terminate suddenly and unexpectedly, by slight delirium, succeeded by coma. On dissection, effusion is found in all the cavities, but no disease can be detected in any of the viscera. This dangerous and unmanageable disease seems to have been more attended to by conti-

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\* Hoffmanni *Medicina Rationalis*, (de *Hydrope*.)

† Cheyne on *Comatose Diseases*.



mental physicians than it has been in this country. It is by them reported to have been frequently carried off by critical hemorrhage from the nose, and blood-letting is said to have been used with much advantage. \* A dropsical affection, analogous in its nature, and in which the same treatment is said to be beneficial, occurs in men about 60 years of age who have led a life of luxurious indolence. By the continental writers already referred to, it is described as a common disease of monks.

Besides the dropsical affections which form the subject of this paper, I believe there are some others that would admit of treatment by blood-letting, but they have not been sufficiently investigated. A species of anasarca is described, which attacks suddenly men in the vigour of life who are much exposed to vicissitudes from heat to cold, and frequently does not yield to the ordinary treatment by diuretics. All the cases of this nature that have occurred to me, have been of that kind which I have endeavoured to describe, which have their origin in an affection of the lungs, and yield to early and copious blood-letting. If this species of anasarca ever exists without the affection of the lungs, the nature of it forms an interesting subject of investigation.

#### APPENDIX.

I have stated at page 4, that, in the treatment of affections of this nature, the strength of the pulse is a very uncertain guide; for when the transmission of blood through the lungs is much impeded, we often find that the pulse is small and even irregular, and that it improves in strength, and becomes regular, after copious blood-letting. The following example of this has occurred to me since these observations were written.

A stout young man, a mason, aged about 28, was affected with slight anasarca, cough, and uneasiness in his breast. The latter was most troublesome in the night, when it amounted to dyspnoea, with a sense of constriction across the thorax, and prevented him from lying upon either side. His pulse was from 70 to 80, weak and very irregular. He had been ill about a week, during which his nights had been passed with much uneasiness, but through the day he had been able to attend to his business.

He was bled to  $\frac{3}{4}$ xxiv.

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\* Grapengiesser de Hydrope plethorico.—Bacher, Recherches sur les Maladies Chroniques.—Balme in Sammlung auserles. Abhandlungen für practische Aerzte, B. 13. p. 525.

Immediately after the bleeding, his pulse became regular, and was much improved in strength. He passed the next night without uneasiness, and could lie in any posture. On the following day he was free from complaint; his pulse 60, full, strong, and perfectly regular. He has continued well. The blood was buffy on two of the cups.